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SECRETARY OF THE SENATE
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2019 OCT 15 PM 3:12

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

Description/Title of Attached Forms: RE-1 , RE-2

Attaching the original Pre-Travel Authorization Form
and complete Post Travel Disclosure of Travel Expenses

(Signature of Traveler)

Employee Post-Travel Disclosure of Travel Expenses

Date/Time Stamp:

Post-Travel Filing Instructions: Complete this form within 30 days of returning from travel. Submit all forms to the **Office of Public Records in 232 Hart Building.**

In compliance with Rule 35.2(a) and (c), I make the following disclosures with respect to travel expenses that have been or will be reimbursed/paid for me. I also certify that I have attached:

- ☒ The **original** *Employee Pre-Travel Authorization* (Form RE-1), **AND**
- ☒ A **copy** of the *Private Sponsor Travel Certification Form* with all attachments (itinerary, invitee list, etc.)

Private Sponsor(s) (list all): The Pew Charitable Trusts

Travel date(s): September 13-15, 2019

Name of accompanying family member (if any): _____

Relationship to Traveler: ☐ Spouse ☐ Child

IF THE COST OF LODGING **DID NOT INCREASE** DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD, ONLY INCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.)

Expenses for Employee:

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input checked="" type="checkbox"/> Good Faith Estimate <input type="checkbox"/> Actual Amount	\$60	\$268	\$132	

Expenses for Accompanying Spouse or Dependent Child (if applicable):

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input type="checkbox"/> Good Faith Estimate <input type="checkbox"/> Actual Amount				

Provide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional pages if necessary.): See Attached.

10/15/2019

(Date)

Allyson Bell

(Printed name of traveler)

Ally Bell

(Signature of traveler)

TO BE COMPLETED BY SUPERVISING MEMBER/OFFICER:

I have made a determination that the expenses set out above in connections with travel described in the *Employee Pre-Travel Authorization* form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

10/15/2019

(Date)

[Signature]

(Signature of Supervising Senator/Officer)

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Allyson Bell

Senator Mike Lee

The Pew Charitable Trusts

September 13-15, 2019

Note: If you plan to extend the trip for any reason you must notify the Committee.

Destination(s): Annapolis, MD

Explain how this trip is specifically connected to the traveler's official or representational duties:

This is a management and leadership conference for Chiefs of Staff that will provide them the opportunity to expand their current skills and help them to learn more of relevant policy areas and become better leaders. Seminars and speakers will also add to the Chief's professional development over the weekend.

Name of accompanying family member (if any):

Relationship to Employee: ☐ Spouse ☐ Child

I certify that the information contained in this form is true, complete and correct to the best of my knowledge:

(Date)

(Signature of Employee)

TO BE COMPLETED BY SUPERVISING SENATOR/OFFICER (President of the Senate, Secretary of the Senate, Sergeant at Arms, Secretary for the Majority, Secretary for the Minority, and Chaplain):

Senator Mike Lee

Allyson Bell

I, _____ hereby authorize _____
 (Print Senator's/Officer's Name) (Print Traveler's Name)

an employee under my direct supervision, to accept payment or reimbursement for necessary transportation, lodging, and related expenses for travel to the event described above. I have determined that this travel is in connection with his or her duties as a Senate employee or an officeholder, and will not create the appearance that he or she is using public office for private gain.

I have also determined that the attendance of the employee's spouse or child is appropriate to assist in the representation of the Senate. (signify "yes" by checking box) ☒

(Date)

(Signature of Supervising Senator/Officer)